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## DSM V Eating Disorders

- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder
- Anorexia Nervosa
- Bulimia Nervosa
- Binge-Eating Disorder
- Other Specified Feeding or Eating Disorder
- Unspecified Feeding or Eating Disorder

## Working with people with eating disorders

- It's hard. Why?
  - Starvation
  - Ambivalence? TERROR!!
  - Need EMPATHY (they did not choose to have a mental illness)
  - Need a balance of **empathy** and **firmness** (otherwise you're in danger of colluding with the illness)
- How do people get EDs?
  - Genetic predisposition
  - Ideal of thinness in females and muscularity in males
  - Skinny/toned models and photoshopping create unattainable standards
  - Low sense of self-worth
  - Dieting/weight loss

## Treatment Issues

- Eating Disorders are serious mental illnesses
- If untreated, can become chronic conditions with significant morbidity
- AN: highest mortality rate of any psychiatric disorder (twice that of any other psychiatric diagnosis)
- AN: stigma > depression or schizophrenia (Stewart et al, 2006)
- Main causes of death in AN and BN - cardiac arrest and suicide
- Better prognosis if treated early (especially first 6 months)
- Traditionally difficult to treat – ego-syntonic aspects
- Poor treatment outcomes
- High dropout rates

## Treatment Issues 2

- EDs are difficult to treat because:
  - although s/he is unhappy, s/he is often scared of giving up her ED because of an unreasonable fear of becoming fat
  - semi-starvation may lead to depression and other psychological symptoms
  - many physical problems resulting from starvation and/or purging
- Poor prognosis: low initial weight, vomiting, failure of previous treatment, disturbed family relationships, medical instability, suicidality, co-morbid conditions, increase or return of symptoms
- Good prognosis: mild symptoms initially, good initial psychosocial functioning

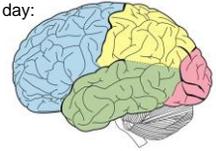
## Functions of the ED

- Acts as a form of communication – it identifies him/her as needing help
- Maintains childlike dependency
- Protects him/her from sexuality/intimacy
- Brings family together
- Routines provide security/comfort
- Helps control emotions (esp. bulimia)
- Provides some sense of achievement
- His/Her only way of feeling good
- Provides an excuse not to be perfect
- Protects him/her from others' expectations
- Protects him/her from who she thinks she is ("bad")
- It's always there for him/her, a comforting friend
- It's all his/hers - nobody can tamper with it
- It's his/her identity: it makes him/her special

## Brain functioning is damaged by starvation

The brain needs ~500 calories per day:

- For running costs
- To facilitate new learning
- To develop new connections
- To strengthen links in the brain



With fewer calories:

- Decreased social skills
- Inwardly focussed
- Poor decision making
- Decreased flexibility in thinking
- Poor planning
- Reduced spontaneity
- Compulsive/repetitive behaviours

### Poor emotional regulation

## Dr Louise George

Clinical Psychologist

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Raising Body-Confident Kids

[www.raisingbodyconfidentkids.com.au](http://www.raisingbodyconfidentkids.com.au)

- Most educators are becoming more aware of the signs and symptoms to look out for with regards to Eating Disorders
- But by the time we identify Eating Disorders we have moved beyond prevention to treatment/harm minimisation
- If prevention is to be effective we need to be learning and educating about the risk factors for the Eating Disorders.
- But educators and parents are often unaware of these risk factors

- The problem is that the primary risk factors for these serious problems are considered "normal" in the environment in which our children and students grow up today.



- This is not a benign environment
- This is an environment that increases risk for EDs

### What is body dissatisfaction?

- Negative thoughts and feelings about one's body.

### Is it a concern for Australian youth? Children

- 8-9 year old boys and girls report body dissatisfaction
- 10-11 year olds have tried to "manage their weight"



### Is it a concern for Australian youth? Adolescents

Body image has remained a top ranked personal concern among Australian youth since 2006.

Current estimates shows the incidence of body dissatisfaction in Australian adolescents is at least 75% for girls and 50% for boys

**Are you 15-19 years old?**  
Have your say today!



### Adults

- Less than 25% of Australian women were found to be satisfied with their weight.
- Body dissatisfaction for western men in Australia is estimated to have tripled in the last 25 yrs

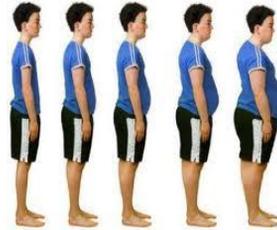


### Why do we need body dissatisfaction prevention?

Body dissatisfaction and eating disorders



Body dissatisfaction and overweight/obesity

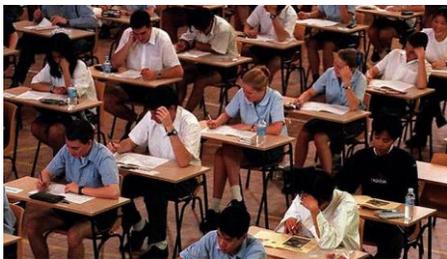


Beyond prevention of Eating Disorders and Obesity

Implications of body dissatisfaction:  
Serious psychological distress



Implications of body dissatisfaction:  
Limits academic achievement



Implications of body dissatisfaction:  
Unhealthy weight control behaviours



## Effective prevention

## A “whole school” approach to prevention

- Stand alone lessons are important but not enough to have a lasting impact in the prevention of body dissatisfaction.
- Lessons taught need support and reinforcement from the world in which students spend their days: A world of food, fashion and Facebook

## A whole school approach



## A community approach



## A “whole school” approach in action

### Body dissatisfaction occurs when...

1. Exposure
2. Internalisation
3. Comparison

## Some things to consider at your school

- Develop a “whole school” approach to supporting healthy body image
- Include prevention programs in your school curriculum
- Educate staff and parents about how to support the information taught in these programs.

A day in the life of Georgia

Viewed from the back seat of the car



Teacher says: "Not for me thanks, I'm on diet"



Row team weigh-in



"You look great, have you lost weight? I wish my legs were that thin"



Around the house



## Facebook update



## Fitspo

Jen Selter  
(5.5m)



Michelle Lewin  
(3.5m)



“Mummy’s on a diet, she cooks but she doesn’t eat with us”



## Bed time reading

“Who’s that beautiful girl?” the ladies wondered. “She must be a princess.”



## CONCLUSION

## Resources and further reading

- Media Smart
  - Helping, Encouraging, Listening & Protecting Peers (HELPP)
  - Life Smart: S. M. Wilksch and T. D. Wade
  - Free Being Me: The world association of Girl Guides & Scouts; Dove
  - Healthy Bodies: K. J. Kater
  - NEDC: Awareness, Prevention and Early Intervention for Schools
  - Butterfly Foundation
  - Professor S J Paxton: La Trobe University
  - D. Neumark-Sztainer
- Contact: **Dr Louise George: Raising Body-Confident Kids**  
[www.raisingbodyconfidentkids.com.au](http://www.raisingbodyconfidentkids.com.au)



## Alternatives to dieting

Ellyn Satter

- <http://www.ellynsatterinstitute.org>
- Sydney: 11 August 2015

Rick Kausman

- [http://www.ifnotdieting.com.au/cpa/htm/htm\\_home.asp](http://www.ifnotdieting.com.au/cpa/htm/htm_home.asp)